

DEC 14 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Michael D. West et al
Application No. : 10/790,640 Confirmation No. : 9766
Filed : March 1, 2004
For : METHODS OF RESTORING TELOMERE
LENGTH AND EXTENDING CELL
LIFESPAN USING NUCLEAR TRANSFER
Group Art Unit : 1632
Examiner : Joseph T. Woitach

OFFICIAL FACSIMILE TRANSMITTAL

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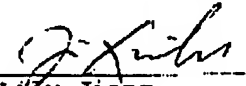
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Attorney Docket: 103080-P04-026

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Lily Jiang

Enclosures:

1. Transmittal Form (1 page)
2. Fee Transmittal (1 page) in duplicate
3. Petition for Extension of Time (1 page) in duplicate
4. Reply to Restriction Requirement and Amendment (22 pages)

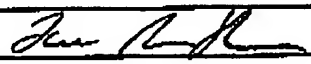
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/790,640	RECEIVED CENTRAL FAX CENTER DEC 14 2006
	Filing Date	March 1, 2004	
	First Named Inventor	Michael D. West	
	Art Unit	1632	
	Examiner Name	Joseph T. Weitach	
Total Number of Pages in This Submission	25	Attorney Docket Number	103080-P04-026

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fish & Neave IP Group of Ropes & Gray LLP (Customer No. 1473)		
Signature			
Printed name	Tae Bum Shin		
Date	December 14, 2006	Reg. No.	L0091

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Signature			
Typed or printed name	Lily Jiang	Date	December 14, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2006</h2>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/790,640
		Filing Date	March 1, 2004
		First Named Inventor	Michael D. West
		Examiner Name	Joseph T. Weitach
		Art Unit	1632
TOTAL AMOUNT OF PAYMENT		(\$1200	Attorney Docket No. 103080-P04-026

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fees Paid (\$)
104 - HP 68 =	36 x 25	= 900
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fees Paid (\$)
15 - HP 12 =	3 x 100	= 300
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. L0091	Telephone 650.617.4000
Signature		(Agent)	
Name (Print/Type)	Tae Bum Shin	Date	December 14, 2006

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